2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2009
Secretary of State

DOCUMENT# N16595

Entity Name: THE VILLAGE OF SARATOGA POINTE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

8409 N. MILITARY TRAIL
STE #119
PALM BEACH GARDENS, FL 33410

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 32907
PALM BEACH GARDENS, FL 33420

New Mailing Address:

FEI Number: 59-2715861 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DICKER, EDWARD
500 AUSTRALIAN AVENUE SOUTH
CLEARLAKE PLAZA #600
WEST PALM BEACH, FL 33401 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: ELLINS, VICTOR
Address: 2860 CUYAHOGA LANE
City-St-Zip: WEST PALM BEACH, FL 33409

Title: VD ( ) Delete
Name: HUGHES, DONALD
Address: 2845 CUYAHOGA LANE
City-St-Zip: WEST PALM BEACH, FL 33409

Title: TD ( ) Delete
Name: BUSCH, ROBERT
Address: 2875 FARRAGUT LN
City-St-Zip: WEST PALM BEACH, FL 33409

Title: D ( ) Delete
Name: PETERSON, ROBERT
Address: 2515 IROQUOIS CR
City-St-Zip: WEST PALM BEACH, FL 33409

Title: SD ( ) Delete
Name: HILL, SHARON
Address: 2885 CUYAHOGA LANE
City-St-Zip: WEST PALM BEACH, FL 33409

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: VICTOR ELLINS PD 03/31/2009

Electronic Signature of Signing Officer or Director — Date